



Continuing Education for
New Jersey Licensed
Health Officials

SAMPLE

Course Evaluation Form

**New Jersey Department of Health and Senior Services
Office of Local Health - Education, Training & Licensure Program**

This form, or a similar record, must be completed by course attendees and maintained by the course sponsor. Do not return completed forms or copies to the Department of Health and Senior Services.

Course Evaluation

Course Title _____ Date(s) of Course _____

The purpose of this form is to provide you with an opportunity to give feedback on the course you have just attended. This evaluation is important because it gives information to improve this course.

Please check the appropriate blank and offer any comments you may have about the course:

Element	Excellent	Good	Fair	Poor	Comments
Quality of Instruction					
Relevance of Material					
Organization of Course					
Participation/Discussion					
Interest of Material					
Facility Conditions					
Overall Evaluation					

Please answer the following questions:

Would you recommend this course to others in your profession? ☐ Yes ☐ No Why or why not?

What (if any) public health skill/knowledge did you acquire as a result of attending this course?

Suggested Course Topics*

Additional Comments

* Sponsors please summarize responses to this question and fax to NJDHSS-OLH.



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